

# Declaration and Power of Attorney Under Patent Cooperation Treaty 35 USC §371(c)(4)

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled: CUBING APPARATUS AND METHODS

1 described and claimed in international application number PCT/AU03/00413 filed 7 April 2003  
and as amended on \_\_\_\_\_ (if any), the specification and claims of which I have reviewed  
and understand and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

AU PS1642 filed 9 April 2002  
AU PS2920 filed 13 June 2002

The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office: Customer N° 25544

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562;  
Thomas J. Pardini, Reg. No. 30,411 and Edward P. Walker, Reg. No. 31,450

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Full name of Sole or First Inventor JURGEN ALBERT HORHANN

Given Name

Middle Initial

Family Name



*Jurgen Horhann*

\*4 Inventor's Signature



*NOVEMBER 23 2005*

Month

Day

Year

6 Residence Glebe AUSTRALIA

City

New South Wales

Australia

Country

7 Citizenship German

Post Office Address  
(Insert complete mailing address, including country)

13 Ross Street, Glebe, New South Wales, 2037, Australia

\*Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

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**PAGE 2 OF U.S.A. DECLARATION FORM**  
**(Discard this page in a sole inventor application)**

2 - <u>oo</u> <sup>3</sup>	Typewritten Full Name of Second Joint Inventor (if any)	DAVID	MASON	McNAMEE
		Given Name	Middle Initial	Family Name
*4	Inventor's Signature			
*5	Date of Signature	NOVEMBER 23rd 2005		
*6	Residence	Balmoral ALIX	New South Wales	Year
	City	State or Province	Australia	
*7	Citizenship	Australian		
8	Post Office Address (Insert complete mailing address, including country)	5 Botanic Road, Balmoral, New South Wales, 2088, Australia		
{ }				
3	Typewritten Full Name of Third Joint Inventor (if any)	Given Name	Middle Initial	Family Name
*4	Inventor's Signature			
*5	Date of Signature			
*6	Residence	Month	Day	Year
	City	State or Province	Country	
*7	Citizenship			
8	Post Office Address (Insert complete mailing address, including country)	{ }		
{ }				
3	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
*4	Inventor's Signature			
*5	Date of Signature			
*6	Residence	Month	Day	Year
	City	State or Province	Country	
*7	Citizenship			
8	Post Office Address (Insert complete mailing address, including country)	{ }		
{ }				
3	Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
*4	Inventor's Signature			
*5	Date of Signature			
*6	Residence	Month	Day	Year
	City	State or Province	Country	
*7	Citizenship			
8	Post Office Address (Insert complete mailing address, including country)	{ }		
{ }				

\*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.  
 This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

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